

FILED DEC 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43444

STATE FILE NUMBER

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 103

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) Lamar		c. CITY OR TOWN Lamar	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital		d. STREET ADDRESS (If outside, give location) 9th & Jackson	
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES WILLIAMS		4. DATE OF DEATH Month Day Year Dec. 16 1957	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 21 1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Oxford, Kansas
13a. FATHER'S NAME Omer C. Williams		13b. MOTHER'S MAIDEN NAME Eliza McMillin	14. NAME OF HUSBAND OR WIFE Pauline Boyd
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) Yes WW-II		16. SOCIAL SECURITY NO. 497-12-4717	17. INFORMANT Address Mrs. Jean Hasson, Lamar, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gunshot wound of head</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH 5-6 hrs
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 976x	
20c. TIME OF INJURY Hour Month, Day, Year a.m. 12/16/57 p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>12/16/57</u> to <u>12/16/57</u> and last saw him alive on <u>12/16/57</u> Death occurred at <u>10-00</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>A. R. Carr</u> (Degree or title)		22b. ADDRESS Lamar, Mo.	
22c. DATE SIGNED 12/17/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Dec 19 1957	23c. NAME OF CEMETERY OR CREMATORY Lanthea
23d. LOCATION (City, town, or county) (State) Lanthea, Missouri			
24. FUNERAL DIRECTOR Konantz Funeral Home, Lamar, Missouri		25. DATE RECD. BY LOCAL REG. DEC 19 57	26. REGISTRAR'S SIGNATURE Marie Konantz

JAN 2 1958

STATEMENT BY LICENSED EMBALMER.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Carl F. Kramarz

Licensed Embalmer No. 2247
P. O. Address Lamar, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.